Document 10

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AO 440 (Rev. 05/00) Summons in a Civil Action

Case 1:08-cv-03512

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

WALKER, Nathaniel

CASE NUMBER:

08 cv 3512

V.

ASSIGNED JUDGE:

Judge Holderman

Michael Chertoff, et. al

DESIGNATED

MAGISTRATE JUDGE:

Judge Ashman

TO: (Name and address of Defendant)

Patrick Fitzgerald United States Attorney 219 South Dearborn, 5th Floor Chicago, IL 60604

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

AzulaySeiden Law Group 205 N Michigan Ave 40th Floor Chicago, IL 60601

an answer to the complaint which is herewith served upon you, within days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

> NOTE: When the print dialogue box appears, be sure to uncheck the Annotations option.

MICHAEL W. DOBBINS, CLERK

JUN 2 3 2008

DATE

JUL-28-2008 15:38

AZULAYSEIDEN LAW GROUP

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AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE							
Service of the Summons and complaint was made by me(1)			6 · 26 · 4	<i>ට</i> ර්	"		
NAME OF SERV	ER (PRINT) CAROLINA	YAMAZAKI	TITLE Attorney	1-			
Check one box below to indicate appropriate method of service							
G Se	rved personally upon the defe	ndant. Place where serv	ved:				
dis	G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:						
	Name of person with whom the summons and complaint were left:						
G Ro	G Returned unexecuted:						
_							
G Other (specify): Mailed VIA FIRST Class Mail to: 219 S dearborn							
_	5th Flour						
_	Chitago 1L 60604						
STATEMENT OF SERVICE FEES							
TRAVEL	SERVICES		,	TOTAL			
	v	DECLARATIO	ON OF SERVER				
	I declare under penalty of pined in the Return of Service and ted on <u>IMP</u> 26,08	Signature of Service	Fees is true and correct.	erica that the foregoing information			
	Dula 4 acab						

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Pelivery C. Date of Pelivery		
7. Article Addressed to: Patrick J. Fitzgerald Federal Building 2195. Dearborn St, 5th Hour	D. Is delivery address different from item 1? If YES, enter delivery address below: No		
Chrago, IL bobo4	3. Service Type El Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number 7001 0361	0 0000 4307 3181		
PS Form 3811, February 2004 Domestic Rei	turn Receipt 102595-02-M-1540		